

Membership Form



CREDIT UNION OF
OHIO

Form Instructions:

Your information will be verified for eligibility and as required by the U.S. Patriot Act. **Please include a copy of your driver's license (joint applicant as well).** If you have moved in the last 18 months, you should include a copy of the most recent utility bill at your new address. We cannot open your membership unless we have all the proper documentation.

1. Fill out the following information entirely. Please print your information clearly.
2. Please read all information carefully, then sign and date the form where indicated.
3. You must make your initial \$25 share savings deposit at the time you send your application. Note that account/membership will not be open and active until the full initial deposit is received. To open your account/membership without delay, you may include a check made payable to "Credit Union of Ohio."
4. Return both pages of this form and your initial deposit to: Credit Union of Ohio, P.O. Box 165006, Columbus, OH 43216-5006.

Apply
Online

STEP ONE: Primary Owner Information

FIRST NAME	LAST NAME	MI
SSN or TAX ID	DOB (MM/DD/YYYY)	IDENTIFICATION # & TYPE
STREET ADDRESS		
CITY / STATE / ZIP		
<input type="checkbox"/> HOME PHONE	<input type="checkbox"/> CELL PHONE	WORK PHONE / EXT.
()	()	
E-MAIL ADDRESS	MOTHER'S MAIDEN NAME	

PLEASE INDICATE HOW YOU ARE ELIGIBLE FOR MEMBERSHIP (will be verified):

STATE EMPLOYEE (INCL. RETIREES)
DEPT/AGENCY: _____

OHIO STATE (STUDENT/FACULTY/STAFF)
DEPT/AGENCY: _____

FRANKLIN CO. FAIRFIELD CO. (LIVE/WORK/WORSHIP/GO TO SCHOOL)

OTHER*
NAME: _____

FAMILY OF CURRENT MEMBER
NAME/RELATIONSHIP: _____

*For the complete list, visit www.cuofohio.org.

PRIMARY OWNER'S SIGNATURE	DATE
X	

TIN Certification Backup Withholding Info

Cross through any statement that does not apply. By signing below, under penalties of perjury I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding; (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. Choose one:
 - I am a U.S. citizen or U.S. resident alien
 - I am **NOT** a U.S. citizen or U.S. resident alien (complete W-8BEN).

SIGNATURE OF APPLICANT/PRIMARY MEMBER	DATE
X	

STEP TWO: Joint Owner Information

FIRST NAME	LAST NAME	MI
SSN or TAX ID	DOB (MM/DD/YYYY)	IDENTIFICATION # & TYPE
STREET ADDRESS <input type="checkbox"/> check if same as above		CELL PHONE
CITY / STATE / ZIP		MOTHER'S MAIDEN NAME
JOINT OWNER'S SIGNATURE		DATE
X		

Additional Joint Owner

FIRST NAME	LAST NAME	MI
SSN or TAX ID	DOB (MM/DD/YYYY)	IDENTIFICATION # & TYPE
STREET ADDRESS <input type="checkbox"/> check if same as above		CELL PHONE
CITY / STATE / ZIP		MOTHER'S MAIDEN NAME
JOINT OWNER'S SIGNATURE		DATE
X		

Account Designations

PAYABLE ON DEATH:		<input type="checkbox"/> ALL ACCOUNTS	<input type="checkbox"/> SPECIFIED ACCOUNTS
NAME OF BENEFICIARY		NAME OF BENEFICIARY	
ADDRESS		ADDRESS	
CITY / STATE / ZIP		CITY / STATE / ZIP	
LIST SPECIFIED ACCOUNTS		LIST SPECIFIED ACCOUNTS	
*If more than two beneficiaries, attach with a sheet of paper.			

Please continue to page two for account and service selections.



YOUR SAVINGS ARE FEDERALLY INSURED TO AT LEAST \$250,000 AND ARE BACKED BY THE FULL FAITH AND CREDIT OF THE US GOVERNMENT.

STEP THREE: Account & Service Selections

NEW MEMBER CURRENT MEMBER

PIN*: (DIGITS ONLY)

*This PIN is used for ATM and/or Debit cards.

SAVINGS ACCOUNT SELECTION:

- SHARE SAVINGS -
- WITH ATM CARD¹ E-STATEMENTS
 - PRIMARY (new memberships only)
 - SECONDARY
- INSURED MONEY MARKET ACCOUNT
- REGULAR STUDENT
 - CERTIFICATE ACCOUNT
 - INDIVIDUAL RETIREMENT ACCOUNT

- CLUB ACCOUNT (select all that apply):
- CHRISTMAS YOUTH (12 & under) TEEN (13-17) STUDENT (18-24)

1-There is a \$1 monthly charge for an ATM card with savings only, as these accounts are not intended for daily transactions; this charge is waived with any checking account.

CHECKING ACCOUNT SELECTION:

- FREE CHECKING BUNDLE:
- DIRECT DEPOSIT E-STATEMENTS DEBIT CARD
- BASIC FREE CHECKING (choose your options):
- DIRECT DEPOSIT E-STATEMENTS DEBIT CARD
- CHECKING PLUS (choose your options):
- DIRECT DEPOSIT E-STATEMENTS DEBIT CARD
- STUDENT FREE CHECKING
- DIRECT DEPOSIT E-STATEMENTS DEBIT CARD
- ADVANTAGE CHECKING
- DIRECT DEPOSIT E-STATEMENTS DEBIT CARD

Additional Questions

Will you have direct deposit?

- Yes No

Do you anticipate receiving or sending wire transfers?

- Yes No

International wire transfers?

- Yes No

Will you use an ATM for deposits?

- Yes No

Will you use an ATM for withdrawals?

- Yes No

Account Agreement

By signing in the designated area, I/we agree to the terms and conditions of the Membership & Account Agreement, Truth-in-Savings, Rate & Fee Schedule, Funds Availability Policy, and to any amendment Credit Union of Ohio makes, incorporated in the above. I/we acknowledge receipt of a copy of the Agreement and Disclosures applicable to the accounts and services requested. I/we agree to the terms and acknowledge receipt of the Electronic Funds Transfer Agreement.

Credit Union of Ohio is hereby authorized to recognize any of these signatures subscribed on this form in the payment of funds or the transaction of any business for this account. The joint owners of this account hereby agree with each other and with the Credit Union that all sums paid into shares or paid from shares by any or all of said joint owners to their credit as such joint owners with all accumulations thereon, are and shall be owned by any of them, and payment to any of them or the survivor shall be valid and discharge the Credit Union from any liability for such payment. The right or authority of the Credit Union under this agreement shall not be changed or terminated by said owners, or any of them except by written notice to the Credit Union which shall not affect transactions therefore made prior to receipt of said written notice.

E-Statement Agreement

By selecting the E-Statement option or by choosing any account that requires E-Statements and signing in the designated area, I/we hereby consent to the electronic delivery and receipt of all consumer disclosures, notices, statements, promotional materials and any other documents of any nature that would otherwise be provided to me in paper form. I/we understand that I/we have the right to receive the aforementioned documents in paper form, if I/we so choose, and that I/we may withdraw consent to receive electronic documents at any time by notifying the credit union in writing. I/we understand that by electing to receive the above electronically, I/we will not receive these documents in paper form by mail or otherwise. I/we understand that I/we must inform the Credit Union of changes to my/our e-mail address.

Credit Union of Ohio Membership Eligibility

Credit Union of Ohio membership is open to any persons who fit the following criteria. If you are unsure of your eligibility, please contact us. All membership applications are verified for eligibility, in accordance with federal regulations:

Select Employer Groups: Credit Union of Ohio serves employees of the State of Ohio (including retirees) and The Ohio State University in addition to many other businesses. Find a complete list of business partners at www.cuofohio.org

Community Groups: If you live, work, or worship in Franklin County, Ohio, you are eligible to become a member.

Student Groups: We are the official credit union for The Ohio State University students. If you attend any school in Franklin County, Ohio, you are also eligible to become a member.

Family Members: If you are the child, grandchild, sibling, parent, spouse, grandparent, aunt/uncle, cousin, or stepfamily of a current member at Credit Union of Ohio, who is in good standing, you are also eligible to become a member.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. **What this means for you:** When you open an account, we will ask for your name, address, date of birth and other information that will allow us to identify you. **Please note: We may also ask for a copy of your driver's license, utility bill with current address or other identifying documents if we are unable to verify your identity.**

FOR CREDIT UNION USE ONLY:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE ENTERED	STAFF INITIALS	ID VERIFICATION	CHEX SYSTEMS	OFAC

Member Number: _____ SDC#: _____

- Change Request:
- NAME CHANGE ADDRESS CHANGE
 - ADD JOINT REMOVE JOINT
 - UPDATE BENEFICIARY

Additional Notes: